

ARTIFACT SHEET

Enter artifact number below. Artifact number is application number + artifact type code (see list below) + sequential letter (A, B, C ...). The first artifact folder for an artifact type receives the letter A, the second B, etc..

Examples: 59123456PA, 59123456PB, 59123456ZA, 59123456ZB

08837840 ZA

Indicate quantity of a single type of artifact received but not scanned. Create individual artifact folder/box and artifact number for each Artifact Type.

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CD(s) containing:

computer program listing

Doc Code: Computer

☐

Artifact Type Code: P

pages of specification

and/or sequence listing

and/or table

Doc Code: Artifact

☐

Artifact Type Code: S

content unspecified or combined

Doc Code: Artifact

☐

Artifact Type Code: U

☐

Stapled Set(s) Color Documents or B/W Photographs

Doc Code: Artifact Artifact Type Code: C

☐

Microfilm(s)

Doc Code: Artifact Artifact Type Code: F

☐

Video tape(s)

Doc Code: Artifact Artifact Type Code: V

☐

Model(s)

Doc Code: Artifact Artifact Type Code: M

☐

Bound Document(s)

Doc Code: Artifact Artifact Type Code: B

☐

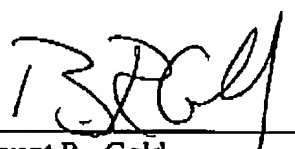
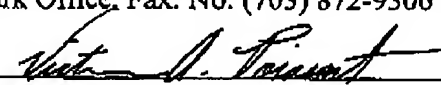
Confidential Information Disclosure Statement or Other Documents
marked Proprietary, Trade Secrets, Subject to Protective Order,
Material Submitted under MPEP 724.02, etc.

Doc Code: Artifact Artifact Type Code X

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Other, description: Floppy disk

Doc Code: Artifact Artifact Type Code: Z

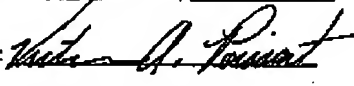
AMENDMENT TRANSMITTAL LETTER				Attorney Docket No: AB-131U1		
Application Serial Number: 10/624,724		Filing Date: 7/21/2003		Examiner: Kristen D. Mullen		Art Unit: 3762
Invention: High Contact Count Sub-Miniature Fully Implantable Cochlear Prosthesis						
TO THE COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	NO. OF EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	12	MINUS	16	0	\$50	\$0
INDEP. CLAIMS	4	MINUS	3	1	\$200	\$200
_____ Petition is hereby made under 37 CFR 1.136(a) to extend the time for response to the Office Action of _____ to and through _____, comprising an extension of the shortened statutory period of: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div> _____ one month (\$120.00) _____ two months (\$450.00) </div> <div> _____ three months (\$1,020.00) _____ four months (\$1,590.00) </div> </div>						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						
<div style="margin-bottom: 20px;"> <input checked="" type="checkbox"/> Charge \$ <u>200.00</u> to Deposit Account <u>50-0648</u> . </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <u>January 20, 2005</u> Date </div> <div style="text-align: center;">  Bryant R. Gold Reg. No. 29,715 </div> </div> <div style="margin-top: 40px;"> I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office, Fax. No. (703) 872-9306 on <u>January 20, 2005</u> . <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;">  Victoria A. Poissant </div> </div>						

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JAN 20 2005

Docket No. AB-131U1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 10/624,724 Conf. No.: 7547 Applicants: Faltys, et al. Filed: July, 21, 2003 TC/A.U.: 3762 Examiner: Mullen, Kristen D. Title: High Contact Count, Sub-Miniature, Fully Implantable Cochlear Prosthesis Docket No.: AB-131U1 Customer No.: 23845	Certificate of Mailing or Transmission I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Commissioner for Patents, PO Box 1450, Alexandria VA 22313-1450, or being facsimile transmitted to the U.S. Patent and Trademark Office, Fax, No. (703) 872-9306, on the date indicated below. Date: January 20, 2005 Typed Name: Victoria A. Polssant Signature:  Date: 1/20/2005
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Amendment A

Dear Examiner:

This amendment responds to the Office action mailed November 03, 2004 for the subject application, in which claims 1-3, 5-7, and 12-14 were rejected and claims 4, 8-11, 15, and 16 were objected to.

By way of the present amendment, applicant has herein amended Claims 4, 5, 8, 12, and 16 and canceled Claims 1-3 and 15. Twelve (12) claims remain pending in the application: Claims 4-14, and 16, of which Claims 4, 5, 8, and 12 are independent (one new independent claim).

Amendments to the claims are reflected in the listing of claims which begin on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

Application No. 10/624,724
Amendment A dated January 20, 2005
Reply to Office Action dated November 03, 2004

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